



**North America
Intellectual Property Corporation**

P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562

FAX: 806-498-6673

e-mail: winstonhsu@naipo.com

Customer No.: 27765

Fax To: QUIETT, CARRAMAH J Tel : (703) 305-0566

Art Unit: 2612

Fax: (703) 872-9306

**RECEIVED
CENTRAL FAX CENTER**

JAN 27 2005

From : Winston Hsu, Registration No. 41,526

Serial No. : 10/707,949

Attorney Docket No.: PMXP0171USA

Subject: Information Disclosure Statement (IDS)

Total Pages: 22 pages (including cover page)

Winston Hsu 2005/01/28

PMXP0171USA0_D1_1

PTO/SB/97 (09-04)
Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on 01/28/2005
Date

Celia Hsieh
Signature

Celia Hsieh

Typed or printed name of person signing Certificate

Voice Mail: 302-729-1562

Registration Number, if applicable Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Application No: 10/063,822

(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Information Disclosure Statement	18 PAGES

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/707,949	
	Filing Date	01/27/2004	
	First Named Inventor	Yu-Chieh Lin	
	Art Unit	2612	
	Examiner Name	QUIETT, CARRAMAH J	
Total Number of Pages in This Submission	20	Attorney Docket Number	PMXP0171USA

RECEIVED
CENTRAL FAX CENTER
JAN 27 2005

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	North America Intellectual Property Corporation	
Signature	<i>Winston Hsu</i>	
Printed name	Winston Hsu	
Date	JAN 28 2005	Reg. No. 41,526

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete If Known

Application Number	10/707,949
Filing Date	01/27/2004
First Named Inventor	Yu-Chieh Lin
Examiner Name	QUIETT, CARRAMAH J
Art Unit	2612
Attorney Docket No.	PMXP0171USA

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<u>Winston Hsu</u>	Registration No. (Attorney/Agent)	41,526	Telephone	302-729-1562
Name (Print/Type)	Winston Hsu	Date	JAN 28 2005		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yu-Chieh Lin
5 Examiner: QUIETT, CARRAMAH J
Filing Date: 01/27/2004 Art Unit: 2612
App. No.: 10/707,949 Docket No.: PMXP0171USA

RECEIVED
CENTRAL FAX CENTER
JAN 27 2005

10 Title: DIGITAL IMAGE CAPTURING APPARATUS CAPABLE OF
CAPTURING IMAGES FROM DIFFERENT DIRECTIONS

To: Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

15

Subject: Information disclosure statement under 37 CFR §1.56

20 Dear Sir or Madame:

This is an Information Disclosure Statement in accordance with the
duty to disclose information material to patentability under 37 CFR
§1.56. The applicant wishes to make of record the document(s) listed on
25 the accompanying form PTO/SB/08.

Since this IDS is filed after the mailing date of the first Office action
but before notice of allowance, consideration of the information disclosure
statement is hereby requested according to 37 CFR §1.97(e).

30 That each item of information contained in the information disclosure statement was
first cited in an Office communication from the Taiwan Intellectual Property
Office in a counterpart foreign application on December 6, 2004, which are no

more than three months prior to the filing of the information disclosure statement.

According to the requirement set forth in 37 CFR §1.98, the applicant is submitting a copy of the cited Japanese catalog and web page from
5 www.dvview.com.tw/article/newreadarticle.asp?id=219. In accordance with MPEP 609 III A(2), an English-language equivalent application may be submitted to fulfill the requirement for a concise explanation of relevance. Accordingly, the English equivalent catalog from
10 http://www.macdirectory.com/newmd/mac/pages/reviews/MinolataX20/ and http://kmpi.konicaminolta.us/eprise/main/kmpi/content/cam_product_pages/DiMAGE... and the English equivalent webpage from http://www.dpreview.com/reviews/specs/Sony/sony_dscf55v.asp is hereby presented to fulfill the concise explanation requirement.

15 It is respectfully requested that the examiner can consider the document(s) listed on the accompanying form PTO/SB/08 and that it be made of record in the application. The applicants sincerely hope that the examiner initials the cited reference(s) on the form and that a copy of the initialed form be sent to the applicants with the next communication from the examiner.

20

Respectfully submitted,

Winston Hsu

Date: JAN 28 2005

5 Winston Hsu, Patent Agent No. 41,526
P.O. BOX 506, Merrifield, VA 22116, U.S.A.
Voice Mail: 302-729-1562
Facsimile: 806-498-6673
e-mail : winstonhsu@naipo.com

10

Note: Please leave a message in my voice mail if you need to talk to me. The time difference between D.C. and Taiwan is 13 hours. The preferred time period for telephone conversation is 7 AM (or earlier) – 11 AM, D.C. time.

PTO/SB/08B (08-03)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet

1

of

1

Complete if Known

Application Number	10/707,949
Filing Date	01/27/2004
First Named Inventor	Yu-Chieh Lin
Art Unit	2612
Examiner Name	QUIETT, CARRAMAH J
Attorney Docket Number	PMXP0171USA

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	1	DIMAGE X20, KONICA MINOLTA CATALOG	+
	2	http://www.dvview.com.tw/article/newreadarticle.asp?id=219	+
	3	http://www.macdirectory.com/newmd/mac/pages/reviews/MinolataX20/	
	4	http://kmpi.konicaminolta.us/eprise/main/kmpi/content/cam_product_page_s/DiIMAGE_...	
	5	http://www.dpreview.com/reviews/specs/Sony/sony_dscf55v.asp	

Examiner
SignatureDate
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.